

THE TOWN OF DAVIE DEFERRED COMPENSATION PLAN
(000260)



Rollover Contribution Form

EMPLOYEE INFORMATION

First Name	MI	Last Name	Social Security Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1	<input type="text"/>	City	<input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>
Address 2	<input type="text"/>	Day Phone <input type="text"/>	Evening Phone <input type="text"/>	Date of Birth <input type="text"/>

ROLLOVER INFORMATION

I request that \$_____ be rolled into the THE TOWN OF DAVIE DEFERRED COMPENSATION PLAN. It represents all or a portion of one of the following:

- A. ☐ An eligible rollover distribution from a traditional IRA or "eligible employer plan" as a direct rollover.*
- B. ☐ An eligible rollover distribution from an "eligible employer plan" which was paid directly to me.*

*An "eligible employer plan" includes the following: Section 401(k) plan; Profit-sharing plan; defined benefit plan; stock bonus plan; money purchase plan; Section 403(b) annuity plan; Section 403(b) tax-sheltered annuity; an eligible Section 457(b) plan maintained by a governmental employer (governmental 457 plan).

NOTE: A rollover contribution under (B) must be received within 60 days of your receipt of such distribution. Your check will not be accepted unless it is a corporate check, cashier's check or a certified check. The Plan Administrator reserves the right to require evidence that your contribution is eligible for rollover treatment. All rollover checks should be made payable to "Plan Name fbo your/participant's name" and sent to your/participant's home address.

CHOOSE YOUR INVESTMENTS

If you are currently enrolled in the Plan, you do not need to indicate an election for your rollover contribution. Your rollover contribution will be invested in accordance with the investment elections on file. If you become enrolled in the Plan at a later date, the investment elections you choose at that time will supersede these elections. Select the fund options in which you want your Rollover contribution invested. Use multiples of 1% and enter 0% if you do not want to invest in a particular fund option. Please ensure that the "Total" sums to 100%. I would like to invest my rollover contribution as follows:

- ☐ I choose to have this rollover contribution invested in accordance with my investment elections on file. (If this option is chosen and no elections are on file, this rollover contribution will be invested in the Plan's default fund.)
- ☐ I choose to have this rollover contribution invested in accordance with my elections below.
- ☐ I choose to update my investment elections to match this selection for all other contributions to the plan.
- ☐ I choose to have only this rollover contribution invested according to these elections. My other investment elections on file, if any, will not be changed.

Select your investment options from the list of available funds below. Use multiples of 1% and enter 0% if you do not want to invest in a particular fund. Please ensure that the "Total" sums to 100%.

Please note that your fund options are printed in alphabetical order.

____ %	AIM BASIC BALANCED - INVESTOR	(48)	____ %	AIM BASIC VALUE - A	(GW)
____ %	AIM CHARTER - A	(AI)	____ %	AIM DIVERSIFIED DIVIDEND - INVESTOR	(15)
____ %	AIM DYNAMICS FUND - INVESTOR CLASS	(20)	____ %	AIM FINANCIAL SERVICES FUND - INVESTOR	(57)
____ %	AIM GLOBAL HEALTHCARE - INVESTOR	(52)	____ %	AIM INCOME - INVESTOR	(8L)
____ %	AIM INTERNATIONAL CORE EQUITY FUND - INVESTOR	(09)	____ %	AIM LARGE CAP BASIC VALUE - INVESTOR	(8S)
____ %	AIM LARGE CAP GROWTH - INVESTOR	(8M)	____ %	AIM LEISURE FUND - INVESTOR	(53)
____ %	AIM MONEY MARKET - INVESTOR	(8Q)	____ %	AIM SMALL CAP GROWTH - INVESTOR	(60)
____ %	AIM TECHNOLOGY FUND - INVESTOR	(55)	____ %	AIM U.S. GOVERNMENT - INVESTOR	(80)
____ %	INVESCO 500 INDEX TRUST	(79)	____ %	JANUS ADVISER WORLDWIDE GROWTH - S	(JF)
____ %	JANUS SMALL CAP VALUE - INVESTOR	(8A)	____ %	MORGAN STANLEY US MID CAP VALUE - P	(MD)

For more complete information on the investment options, including their management fees and other charges and expenses, please consult the prospectus and other comparable documents. Investors should consider the investment objectives, risks, charges and expenses before investing. This, and additional information, can be found in the prospectuses, which can be obtained by calling the Retirement Resource Center at 800-881-8520. Please read these documents carefully before investing.

An investment in a money market fund is neither insured nor guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although these funds seek to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in money market funds.

All investing involves risk, including the possibility of losing your principal investment. Investments made in foreign securities or funds that invest exclusively in one sector of the economy, including technology or real estate stocks, carry the possibility of substantial volatility due to adverse political, economic or other developments and may carry additional risk resulting from lack of industry diversification. Funds that invest in small or mid-capitalization companies experience a greater degree of market volatility than those of large-capitalization stocks and are accompanied by additional business risk and illiquidity. Bond funds have the same interest rate, inflation, and credit risks that are associated with the underlying bonds owned by the fund. Generally, the value of bond funds rises when prevailing interest rates fall and falls when interest rates rise. Investing in lower-grade debt securities ("junk" bonds) may be subject to greater market fluctuations and risk of loss of income and principal than securities in higher rated categories. There are ongoing fees and expenses associated with owning mutual funds. Investors should bear in mind that higher return potential is accompanied by higher risk, and that mutual funds are intended as long-term investments.

Your election remains in effect until you provide new instructions. If your investment allocation cannot be made on the basis of your directions, or the percentages elected do not equal 100%, or you fail to sign this form, your accounts will be invested in the Plan's default fund.

ROLLOVER CHECKLIST

Please ensure that the following items are included with your rollover request:

- ☐ A Rollover Contribution Form completed and signed by you
- ☐ One or more pieces of documentation that shows the following information:
 - ☐ Name of the Prior Employer's Plan
 - ☐ Distribution amount
 - ☐ Taxable portion of distribution
 - ☐ Date of Distribution
 - ☐ Name and the telephone number of the person at the Prior Employer from whom more information can be obtained
- ☐ Rollover Check(s)

CERTIFICATION

I hereby certify that:

My rollover contribution represents all or part of an eligible rollover distribution from an eligible employer plan whose source is:

\$ _____ Pre-tax contributions

The Plan Administrator reserves the right to require evidence that your contribution is eligible for rollover treatment.

SIGNATURES AND AUTHORIZATIONS

Participant Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM AND YOUR ROLLOVER CHECK TO:

7/3/2008

For faster service please fax your completed form to 404-879-3548 or mail to The
Hartford Processing PO BOX 105158 Atlanta, GA 30348-5158

(Rev. 07/2008)



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